

## MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-000473

STATE FILE NUMBER

AMENDED

Registration District No.

Primary Registration District No.

Registrar's No.

FILED FEB 13 1962

## 1. PLACE OF DEATH

a. COUNTY

Butler

## 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE Mo

b. COUNTY Stoddard

Inside Limits

Yes ☐ No ☒

b. CITY (If outside corporate limits, give TOWNSHIP only)

OR TOWN

Poplar Bluff Mo

Length of stay in 1b

3 days

c. CITY

OR TOWN

Puxico

c. FULL NAME OF (If NOT in hospital, give location)

HOSPITAL OR

INSTITUTION Poplar Bluff Hospital

Inside Limits

Yes ☒ No ☐

d. STREET

ADDRESS

(If outside, give location)

G.D.

Reside on Farm

Yes ☒ No ☐

## 3. NAME OF DECEASED

(Type or print)

First

Middle

Last

Joseph

Lee

Harmon

4. DATE

OF DEATH

Month

Day

Year

1

19

1962

## 5. SEX

Male

## 6. COLOR OR RACE

White

7. Married ☐Never Married ☐Widowed ☒Divorced ☐

## 8. DATE OF BIRTH

1-1-1896

## 9. AGE (last birthday)

66

## IF UNDER 1 YEAR IF UNDER 24 HR

Months

Days

Hours

Min.

## 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Retired Farmer

## 10b. KIND OF BUSINESS OR INDUSTRY

## 11. BIRTHPLACE (City and state or country)

Desha, Ark.

## 12. CITIZEN OF WHAT COUNTRY

U.S.A.

## 13a. FATHER'S NAME

William Perry Harmon

## 13b. MOTHER'S MAIDEN NAME

Lillie Belle Brock

## 14. NAME OF HUSBAND OR WIFE

Deceased

## 15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates of service)

No

## 16. SOCIAL SECURITY NO.

## 17. INFORMANT

Address

Joseph Lee Harmon Jr

## 18. CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY:

## IMMEDIATE CAUSE (a)

Circulatory Collapse

## INTERVAL BETWEEN ONSET AND DEATH

2 hours

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

## DUE TO (b)

generalized peritonitis

6 days

## DUE TO (c)

perforated duodenal ulcer

## PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

Surgical closure of ulcer

## PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes☐ No☐ Unknown

## 19. WAS AUTOPSY PERFORMED?

YES ☐ NO ☒

## 20a. ACCIDENT

## SUICIDE

## HOMICIDE

☐

## 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

## 20c. TIME OF INJURY

Hour

a.m.

p.m.

Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐NOT WHILE AT WORK ☐

## 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

## 20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from 1-15-62 to 1-19-62 and last saw her alive on 1-19-62

Death occurred at 12:00 noon

on the date stated above, and to the best of my knowledge, from the causes stated.

## 22a. SIGNATURE

(Degree or title)

Embalmer, MO

## 22b. ADDRESS

Poplar Bluff, MO

## 22c. DATE SIGNED

2-2-62

## 23a. BURIAL, CREMATION, REMOVAL (Specify)

Burial

## 23b. DATE

1-21-1962

## 23c. NAME OF CEMETERY OR CREMATORY

Old Malden Cemetery

## 23d. LOCATION (City, town, or county)

Malden, Missouri.

(State)

## 24. FUNERAL DIRECTOR

ADDRESS

Watkins &amp; sons Funeral Home

Puxico, Mo.

## 25. DATE RECD. BY LOCAL REG.

2/7/1962

## 26. REGISTRAR'S SIGNATURE

Thelma Graham

(Licensed Embalmer's Statement on Reverse Side)

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed \_\_\_\_\_

Licensed Embalmer No. 4946

P. O. Address Optima

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.